

9/20/06 Final

**EPA REGION 10  
UNDERGROUND STORAGE TANK  
INSPECTION FORM**

Significant Compliance:

**RD RP**  
Y N Y N

Facility# WA 2676Inspection Date 3/1/07 Time 10 to 12:30 GPS Reading noLead Inspector Barnes Others \_\_\_\_\_Facility Reps \* ~~Ferris~~ Ray Cloutier Rick Boscaro  
(\* Credentials Presented)Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ OtherWaste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not ApplicableEnforcement Actions Taken Onsite: FNNC # 1375 FC # 00102 For \$ 150Verbal Warning for 40 CFR 280. \_\_\_\_\_ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): \_\_\_\_\_

**Facility Information**Location Name Frank Gluccio Construction IncOwner u Operator uAddress (Loc/Owner/Op) 9600 ML Kwik Way SCity Seattle State WA Zip 98118 Phone 206 725 4764

Address (Loc/Owner/Op) \_\_\_\_\_

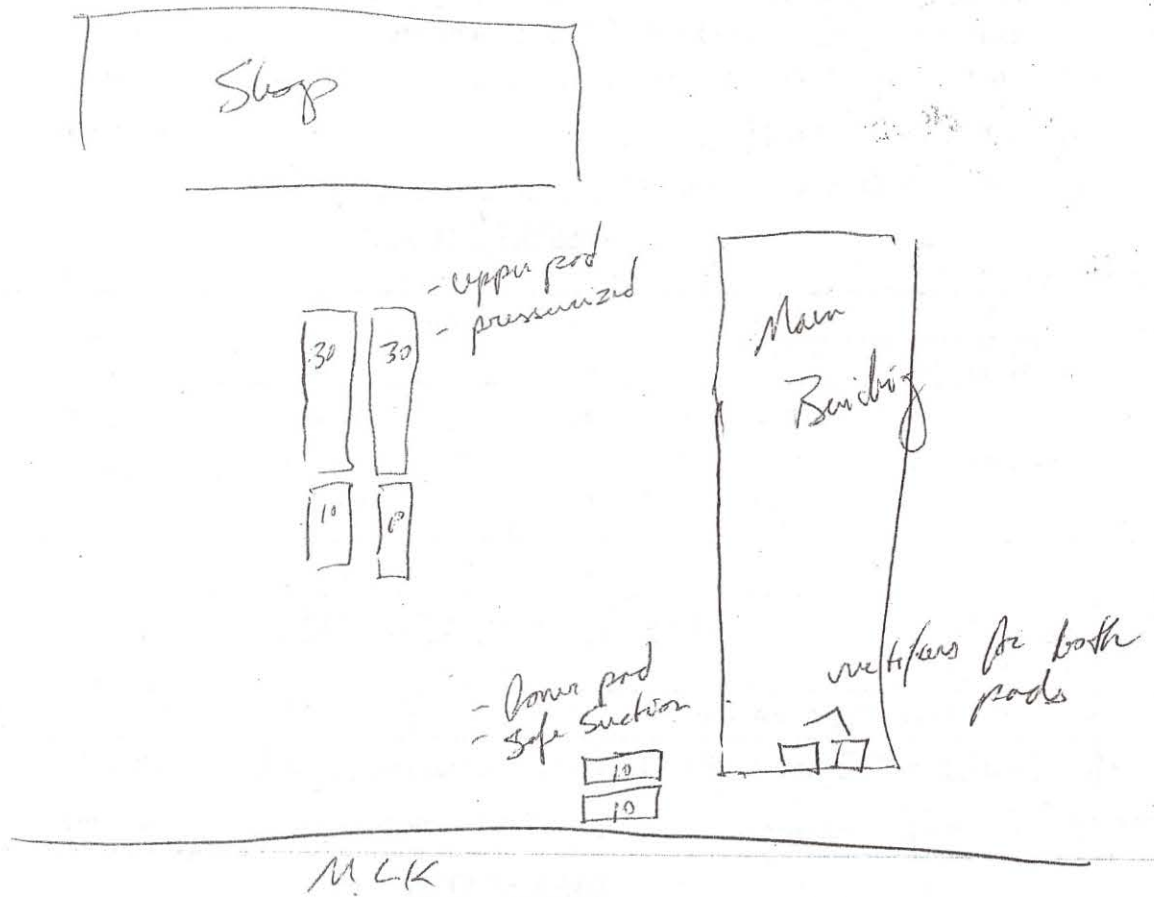
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Tank #	1	2	3	4	5	6
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**FINANCIAL RESPONSIBILITY**☒ Meets FR requirements?☒ All tanks covered or (check which tanks are covered)Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other \_\_\_\_\_Issuing Entity: Colony Insurance Co Dates Coverage: 7/06 - 7/07 In EPA Format? Y N**TANK STATUS**

	1	2	3	4	5	6
Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>CIU</u> TOU POU <input checked="" type="checkbox"/> All or						
Date installed: <input checked="" type="checkbox"/> All or <u>"73</u>						
Tank cap (gal): <input type="checkbox"/> All or <u>30 K</u> <u>30 K</u> <u>10 K</u> <u>10 K</u> <u>10 K</u> <u>10 K</u>						
Substance in Tank: <input type="checkbox"/> All or <u>OFF ROAD</u> <u>OFF ROAD</u> <u>OFF ROAD</u> <u>OFF ROAD</u> <u>OFF ROAD</u> <u>OFF ROAD</u>						
Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input checked="" type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input checked="" type="checkbox"/> All or						
Emergency Generator Tank(s)? <input type="checkbox"/> All or						
Piping Material: GS CPS <u>FRP</u> FlexP <u>DW</u> SecC <input checked="" type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeSuc <u>U.S.Suc</u> <input checked="" type="checkbox"/> All or						
Date last used: <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or						

# SITE SKETCH





Tank #

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**RELEASE DETECTION - TANKS**☒ **Primary RD method present for ALL tanks & meets specific performance standards as stated in 280.43?** ☐ NA☐ **Manual Tank Gauging (MTG)** ☐ All or☐ **Tank Tightness Testing (TTT)** ☐ All or

Last TTT date? \_\_\_\_\_ Passed? Y N

☐ **Inventory Control (IC)** ☐ All or☐ **Vapor Monitoring (VM)** ☐ All orSite Assessment? Y N ☐ All or☐ **Ground Water Monitoring (GWM)** ☐ All orSite Assessment? (i.e. 3' < gw < 20') Y N ☐ All or☒ **Automatic Tank Gauge (ATG)** ☒ All or☐ **Interstitial Monitoring (IM)** ☐ All or☐ **SIR** ☐ All or☐ **Deferred (Emergency Generators ONLY)** ☐ All or**Tank primary RD method?** ATG ☒ All orIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: \_\_\_\_\_ Water: \_\_\_\_\_

Are hazardous substance USTs secondarily contained?

Y N NA ☐ All or**RELEASE DETECTION - PIPING**☐ **Primary RD method present for ALL piping & meets specific performance standards as stated in 280.44?** ☐ NA☒ **ALLD (Pressurized Systems Only)** ☐ NA (Suction) ☐ All orDate of test: no tests ☐ ELLD or ☒ MLLD**Piping RD Primary Method?** LTT Monthly NA ☐ All or☐ **LTT** Date of test: \_\_\_\_\_ ☐ All or☐ **Monthly Monitoring Method:** ☐ All orVM GWM IM SIR Sump Sensor Other \_\_\_\_\_ ☐ All or☐ **Deferred (Emergency Generators ONLY)** ☐ All or**RELEASE DETECTION COMPLIANCE**Release detection systems operating properly? Y N ☐ All or

If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months?

Y N ☐ All orOf the last 12 months monitoring records, 10 were reviewed:Tanks (months) PASSED: 10 FAILED: \_\_\_\_\_ INVALID: \_\_\_\_\_

Piping (months) PASSED: \_\_\_\_\_ FAILED: \_\_\_\_\_ INVALID: \_\_\_\_\_

All non-passing results resolved? Y N ☐ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected ☐ All or

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For? ATG SIR IM Sensors ALLD Other \_\_\_\_\_ In Compliance with Evaluation? Y NATG/IM/SIR Equipment Manufacturer/Vendor: Veeva RST Model: TLS 350

ALLD Equipment Manufacturer (optional): \_\_\_\_\_ Model: \_\_\_\_\_



TANK #

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**RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING****Tank & Piping Repairs**

Any repairs to the UST system(s) being conducted or completed?

Y N ☐ All orIf yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA ☐ All or**Tank Lining**☐ Are any tanks internally lined? Y N NA ☐ All or☐ Tank lining inspected and in compliance? ☐ All or

Date of lining: \_\_\_\_\_

Date of PASSING internal inspection: \_\_\_\_\_ ☐ All or**Cathodic Protection**☒ CP met on all tank(s) and piping, including metal flex connectors, swing joints, etc.?☐ CP performing adequately based on testing results? --OR--☐ If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?

Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA

☐ CP on ☒ Tanks ☐ Piping ☒ Tanks & piping ☒ All or☒ Impressed Current System ☒ All orInstallation Date: 2/26/03 Set at \_\_\_\_\_ amps☒ Last 3 (60-day) rectifier inspection records? ☒ All orSystem On? ☒ Y ☐ N Observed amperage of 2.5 / 7 amps☒ Sacrificial Anode System ☐ All or**Cathodic Protection Testing Frequency**☐ Was a 6-month CP test conducted after installation or repair (if applicable)?Test Date: \_\_\_\_\_ ☐ All orCovers: ☐ Tanks & piping ☐ Tanks ☐ Piping☒ Date of last CP test: 3/21/05 ☐ All orPassed? ☒ Y ☐ N Covers: ☒ Tanks & piping ☐ Tanks ☐ Piping☒ Date of previous test: 8/17/04 ☐ All orPassed? ☒ Y ☐ N Covers: ☒ Tanks & piping ☐ Tanks ☐ Piping**RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION**☒ Spill prevention devices present and functional?☒ Y ☐ N NA☒ All or☐ Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)☐ Ball Float Valve - Operational? ☐ All or☐ Flow Restrictor (Auto Shutoff) - Operational? ☐ All or☒ Automatic Alarm  
Operational and audible for delivery driver? ☒ All or☐ Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) ☐ All or

Inspector's Signature: \_\_\_\_\_

Date: 3/1/07

Notes:

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- ATG registers all pump sensors as "normal" but facility is not printing monthly "Liquid status" reports.
- Both rectifiers are checked, but on #3 monthly schedule, not 60 days
- no annual test for MLLD on upper pod
- check valves at pumps on lower pod

Lined paper template with two binder holes at the top.